



# Personal Campaign Committee

## Statement of Dissolution

### Candidate Information

Name <b>Bob Springmeyer</b>	Telephone Number <b>(801)363-3455</b>			
Office <b>Governor</b>	District Number	Party <b>Democrat</b>	County of Election <b>State</b>	
Street Address <b>1289 4th Ave</b>	Suite/Apartment/PO Box	City <b>Salt Lake City</b>	State <b>UT</b>	Zip <b>84103</b>

I, **Bob Springmeyer**  
(Name of Candidate)

affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

**admin**  
Signature of Candidate

**1/11/2010**  
Date

#### To File this Form

Mail or deliver to

Utah State Capitol, Suite 220  
Salt Lake City, UT 84114  
(801)538-1133

#### For More Information

Contact the Lieutenant Governor's Office  
(801)538-1041  
1-800-995-VOTE (8683)  
disclosure@utah.gov

#### For Office Use Only

Date Received